

**North Carolina Department of Health and Human Services  
Division of Mental Health, Developmental Disabilities and Substance Abuse  
Services**

**Controlled Substances Reporting System  
Mail Service Center 3008  
Raleigh, NC 27699-3008  
Phone: (919) 733-1765  
Fax: (919) 508-0983**

**Instructions for completing the Prescriber / Dispenser Database Access  
Request:**

1. Information on the form must be legible
2. Fill in all of the information requested, or the request may be denied
3. Your DEA # will be your user name
4. You should propose a password
  - Passwords must be at least 8 characters in length
  - Passwords must NOT contain dictionary words or a name
  - Passwords must contain at least one (1) capital letter and one (1) lowercase letter and one (1) number. For example:
    - H82bYb07    Acceptable
    - Bob12345    Not acceptable
    - rsmith07    Not Acceptable
5. After completing the access request, have it notarized and mail the access request, the signed privacy statement and a copy of your current drivers license to:

NC CSRS  
3008 Mail Service Center  
Raleigh, North Carolina 27699-3008
6. Health Information Designs, Inc. will notify you by e-mail when your request has been approved.